APPLICATION FOR REFU Attach approved allowance for refund fro			
Permit No			
Date Issued	_		
Tax Map Key			
Ewa Hwy Impact Fee Paid \$			
Please make warrant payable to:	able to:		
Name of Check Issuer:			
Address:			
	Signature of Ap	oplicant	
	FOR OFFICE USE A	AND VERIFICATION	I
See attached letter from	(who signed the letter)	to	(who the letter is addressed to)
Checked by:		Date:	
	☐ Approved for Refu	nd Disapprove	ed
Division Head:		Date: _	
To: Director of Budget and Fiscal Se	rvices	Date: _	
A request for refund of fees has bee issued on	. It is recommended		*\$
		Directo	or of Planning and Permitting